

# TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 19-MAR-2015		TIME 05:10:00	2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 080	4. BEAT/OCCUR 1533				
MEMBER INVOLVED <input checked="" type="checkbox"/>	5. POSITION 9161	6. LAST NAME ROTH	7. FIRST NAME ROBERT R	8. STAR NO. 12916	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 601	12. HT. 180		
	14. DATE OF APPT. 30-SEP-2002	15. EMPLOYEE NO. [REDACTED]	16. UNIT'S BEAT OF ASSIGNMENT 011	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
SUBJECT INFORMATION <input checked="" type="checkbox"/>	20. LAST NAME DAVIS	21. FIRST NAME KEITH	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 510	27. WT. 240		
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? HANDBERETS <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
33. WHERE WAS MEDICAL TREATMENT OBTAINED? ST ANTHONY DE PADUA HOSPITAL	34. BY WHOM? [REDACTED]	35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized	36. CHARGES PLACED [REDACTED]	37. CB NO. 01908118	38. IR NO. [REDACTED]	39. DNA [REDACTED]				
REASON FOR USE OF FORCE (Check all that apply)	40. PASSIVE RESISTER		41. ACTIVE RESISTER		42. ASSAULT/ASSAULT		43. ASSAULT/BATTERY		44. ASSAULT/DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	FLED [REDACTED]	IMMEDIATE THREAT OF BATTERY OTHER _____	<input checked="" type="checkbox"/>	ATTACK WITH WEAPON ATTACK WITHOUT WEAPON OTHER FLAILING CLOSED FISTS	<input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM WEAPON OTHER _____		
MEMBER'S RESPONSE	45. MEMBER PRESENCE VERBAL COMMANDS ESCORT HOLD WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON W/MUTHORIZATION OTHER _____		46. OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Spark Discharged) OTHER _____		47. ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Describe in Box 40) OTHER _____		48. KNEE STRIKE KICKS IMPACT MUNITION (Describe in Box 48) OTHER _____		49. FIREARM OTHER _____	
	40. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	41. ADDITIONAL INFORMATION								
WEAPON DISCHARGE INCIDENT <input checked="" type="checkbox"/>	42. POSITION STAR NO. UNIT	43. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	44. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial	45. WEATHER CONDITIONS CLEAR						
	46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	47. MAKE/MANUFACTURER [REDACTED]	48. MODEL [REDACTED]	49. BARREL LENGTH [REDACTED]	50. CALIBER/GAUGE [REDACTED]					
51. TASER CART ID NO. [REDACTED]	52. WEAPON SERIAL NO. (Include Letters) [REDACTED]	53. CHICAGO GUN REG. NO. [REDACTED]	54. IL FIREARM OWNER ID NO. [REDACTED]	55. HANDGUN CERTIFICATE NO. [REDACTED]						
56. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	57. PROPERTY INVENTORY NO. [REDACTED]	58. TYPE OF AMMUNITION USED [REDACTED]	59. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	60. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]						
61. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	62. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	63. NO OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]	64. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	65. OTHER (Specify) [REDACTED]						
66. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	67. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]	68. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO								
69. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) [REDACTED]	70. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.									
71. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	72. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]									
73. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC	74. CPIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.									
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
SIGNATURES	75. REPORTING MEMBER (Print Name) ROTH, ROBERT R 19-MAR-2015 19:46:04	STAR/EMPLOYEE NO. 12916	SIGNATURE [REDACTED]	76. REVIEWING SUPERVISOR (Print Name) SAJDAK, JAMES B	STAR NO. 1058	SIGNATURE [REDACTED]	DATE REVIEWED 19-MAR-2015 19:49:07	TIME 19:49:07		

1076801644  
10768016  
Attachment # 16

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE:

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

R/LI. Is unable to interview the offender due to he is currently at Mt. Sinai Hospital.

78. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the review of all the reports and information available at this time, R/LI. finds the officer's actions were within Department guidelines and consistent with the Use of Force Model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LCG NO./CINO: \_\_\_\_\_ OBTAINED: \_\_\_\_\_

78. LIEUTENANT OR ABOVE/OCIC (Print Name)  
HELWINK MASTERS, DANY J.

SIGNATURE  
[Redacted]

DATE COMPLETED TIME  
19-MAR-2015 19:56:07

79. TOTAL TRR's THIS EVENT No.